

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from
John Doe dba Doe's Limo

Application for a Class C Non-Emergency Certificate
from PEDOMIRO Taylor Transport Services, LLC.

BEFORE THE
PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET
NUMBER: 2010 - 383 - T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: VINCENT L. TAYLOR

Telephone: 803-359-2143

Address: 209 YMCA ROAD

Fax: 803-359-8645

LEXINGTON, SC 29073

Other: 803-465-0088

Email: vtaylor5@sc.rr.com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

☐ Application - Class A/A Restricted

Posted: 601

☐ Request for Name Change on Certificate

☐ Application - Class C Taxi

Dept: S.A.

☐ Request to Amend Scope of Authority

☐ Application - Class C Charter

Date: 11/24/10

☐ Request to Amend Tariff (rate increase, etc.)

☐ Application - Class C Charter Bus

Time: 12:20

☐ Request to Amend Passenger Limit

☒ Application - Class C Non-Emergency

☐ Request

☐ Application - Class C Stretcher Van

☐ Exhibit

☐ Application - Class E Household Goods

☐ Late-Filed Exhibit

☐ Application - Class E Hazardous Waste

☐ Letter

☐ Application

☐ Proposed Order

☐ Request for Extension to Comply with Order

☐ Publisher's Affidavit

☐ Request for Order Granting Authority to Obtain a Certificate
of Public Convenience and Necessity to be Rescinded

☐ Reservation Letter

☐ Request for Cancellation of Certificate

☐ Response

☐ Request for Suspension

☐ Return to Petition

☐ Request for Reinstatement

☐ Other: _____

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PSC SC
CLERK'S OFFICE

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
101 Executive Center Drive, Suite 100
Columbia, South Carolina 29210
(Mailing address: Post Office Drawer 11649, Columbia, SC 29211)

Phone: (803) 896-5100 Fax: (803) 896-5199

APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR
OPERATION OF MOTOR VEHICLE CARRIER

CLASS C - NON-EMERGENCY

Date: November 5, 2010

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

Pedomiro Taylor Transport Services, LLC

1. Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

VINCENT L. TAYLOR

209 YMCA ROAD

Street Address of Applicant

LEXINGTON, SC 29073

Mailing Address of Applicant if different from street address

803-359-2143

Phone

803-359-8645

Fax

vtaylor5@sc.rr.com

Email Address

2. If incorporated, a copy of Articles of Incorporation must be attached. (If incorporated outside of SC, attach SC Secretary of State "Foreign Corporation" Certificate.)

3. Select Entity Type: (Check one)

☐ Individual Owner/Sole Proprietorship

☒ Partnership - List names and address of all person having an interest in the business

☐ Corporation - List names and addresses of two principal officers.

VINCENT L. TAYLOR 209 YMCA ROAD LEXINGTON, SC 29073

AMANDA E. TAYLOR 209 YMCA ROAD LEXINGTON, SC 29073

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NOV 24 2010
SC SC
CLERK'S OFFICE

Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

BALANCE SHEET

Balance at Time Application is Filed:

Month _____ Year _____

Assets:

Cash	\$5000.00
Receivables	0
Real Estate	0
Buildings and Equipment (Net)	0
Motor Vehicles (Net)	\$34000.00
Garage Equipment (Net)	0
Machinery and Tools (Net)	0
Supplies on Hand	0
Prepays and Other Assets	0
Total Assets	\$39000.00
<u>Liabilities and Equity:</u>	
Accounts Payable	0
Notes Payable	
Mortgages Payable	
Equipment Obligations	
Accrued Salaries and Wages	0
Other Accrued Obligations	0
Other Liabilities	5000
Total Liabilities	
Capital Stock	
Retained Earnings	
Total Equity	
Total Liabilities and Equity	5000

PROPOSED RATES AND CHARGES FOR SERVICE

Maximum Proposed Rates and Charges for Service are as follows:

\$40.00 ONE WAY + 2.50 PER MILE

Counties to be Served:

LEXINGTON

RICHLAND

AIKEN

CALHOUN

ORANGEBURG

Maximum Number of Passengers per Vehicle:

15

DESCRIPTION OF EQUIPMENT

[illegible]

* Designate if equipped with a wheelchair lift by using "HC" (Handicapped.)

INSURANCE QUOTE

This form **MUST BE COMPLETED AND SIGNED** by an **AUTHORIZED INSURANCE COMPANY REPRESENTATIVE**. The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested.

The following insurance quote is for:

Pedomiro Taylor Transport
Name of Motor Carrier

209 YMCA Rd. Lexington, SC 29073
Address of Motor Carrier

Amount of Premium:

Liability Insurance \$ 5,222.00

The above quoted premium is for a term of 12 months.

Minimum Limits - Bodily injury and property damage limits will not be less than the following:

		Limits Quoted
Liability Combined Each Occurance	\$ 1,000,000	1,000,000
Medical Payments per Person	\$ 1,000	1,000

Progressive Northern Insurance Co.
Name of Insurance Company

P.O. Box 94739 Cleveland OH 44101
Home Office Address of Company

I am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

11-12-10
Date

Vickie Coker
Authorized Insurance Company Representative's Signature

NOTICE:

If you wish to self-insure your motor vehicles for liability and property damage, you must comply with S.C. Code Ann. Sections 56-9-60 and 58-23-910. For more information, contact Vickie Coker with the Department of Motor Vehicles at (803) 896-8457.

If you wish to apply as a self-insured for worker's compensation coverage in South Carolina you may do so with the South Carolina Worker's Compensation Commission (WCC) provided that you will be able to: 1) post a surety bond or letter-of-credit with the WCC for a minimum of \$500,000, 2) agree to pay a yearly self-insurance tax, and 3) agree to pay an annual assessment to the South Carolina Second Injury Fund. For more information, contact the WCC Self-Insurance Division at (803) 737-5712 or on the web at www.wcc.state.sc.us/self-insurance.

Exhibit FWA

Pedomiro Taylor Transport Services LLC
Name

U.S.D.O.T No.

ICC No.

1. Is there currently any outstanding judgments against the Applicant?

☐ Yes

☒ No

If Yes, indicate nature of judgement(s) against applicant.

2. Is Applicant familiar with all statutes and regulations, including safety regulations and governing for-hire motor carrier operations in South South Carolina, and does Applicant agree to operate in compliance with these statutes and regulations?

☒ Yes

☐ No

3. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

☒ Yes

☐ No

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
POST OFFICE DRAWER 11649
COLUMBIA, SOUTH CAROLINA 29211

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Vol.26, S.C. Code Ann., 1976), and R.38-400 through 38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Vol.23A, S.C. Code Ann.,1976) and amendments thereto, and hereby promises compliance therewith.

STATE OF SOUTH CAROLINA


COUNTY OF LEXINGTON


Applicant's Signature

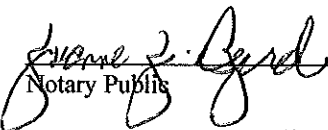
I, Vincent L. Taylor, partner
Name of Applicant's Representative Title

of Vincent L. Taylor,
Applicant

the Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.


Signature of Applicant's Representative

SWORN TO BEFORE ME
This 15th day of Nov., 2010


Notary Public
Commission Expires 01-20-2019

The State of South Carolina



Office of Secretary of State Mark Hammond

Certificate of Existence

I, Mark Hammond, Secretary of State of South Carolina Hereby certify that:

PEDOMIRO TAYLOR TRANSPORT SERVICES, LLC, A Limited Liability Company duly organized under the laws of the State of South Carolina on June 25th, 2010, with a duration that is at will, has as of this date filed all reports due this office, paid all fees, taxes and penalties owed to the Secretary of State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to section 33-44-809 of the South Carolina Code, and that the company has not filed articles of termination as of the date hereof.

Given under my Hand and the Great
Seal of the State of South Carolina this
25th day of June, 2010.

A handwritten signature in cursive script that reads 'Mark Hammond'.

Mark Hammond, Secretary of State